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# **REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/770,166
Filing Date	01/26/2001
First Named Inventor	Fankhauser
Art Unit	2122
Examiner Name	A. Khatri
Attorney Docket Number	QVDX-001/00US/304194-2001

**To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

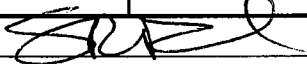
The reasons for this request are: client's request (see attached email)

## **CORRESPONDENCE ADDRESS**

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

☐ The address associated with Customer Number:

**OR**

<input checked="" type="checkbox"/>	Firm or Individual Name	California Healthcare Foundation; Attn: Jonah Frohlich			
Address		476 9th Street			
City		Oakland	State	CA	Zip 94607
Country		USA			
Telephone		510/238-1040		Email	jfrohlich@chcf.org
Signature 					
Name		Sean R. O'Dowd		Registration No.	53,403
Date		March 9, 2007		Telephone No.	720/566-4035

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**Bitler, Sherry**

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**From:** Linda Wackwitz [Linda.Wackwitz@quovadx.com]  
**Sent:** Thursday, March 01, 2007 5:15 PM  
**To:** O'Dowd, Sean  
**Cc:** jfrohlich@chcf.org; Bitler, Sherry; Linda Wackwitz; Tom Zajac  
**Subject:** RE: Issue> CHCF Patent Application No. 09/770,166

Sean,  
Thanks for your capable assistance over the last three years with this matter. Please consider this email to be approval on behalf of Quovadx and CareScience, Inc. for you to transfer the referenced patent files.  
Regards,  
Linda

***Linda K. Wackwitz***

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3/9/2007